# 2024 Supplemental New Project Evaluation Application Questionnaire:

# Rapid Rehousing or Joint Transitional Rapid Rehousing **–** **Due September 20th**

Agency Name:

Project Name(s):

Project Type:

*Please answer the following questions related to your CoC New Project Proposal. Please note, some of the questions are specific to the proposed project, and others ask questions related to your agency/organization.*

1. **Successful Housing Placement (System Performance Measure).** Please provide the proposed outcome percentage of participants that will be placed into permanent housing during the contract term. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Length of Time Homeless (System Performance Measure).** Please provide the proposed outcome, in which participants entering the project will move into permanent housing.

<45 days  46 – 60 days  61-75 days  76-90 days  >91

3. **Increase in Earned Income (System Performance Measure).** Please provide the proposed percentage of participants that will increase their earned income. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Increase in non-employment Income (System Performance Measure).** Please provide the proposed percentage of individuals served in the project that will increase their non-employment income (e.g., SSI/SSDI, General Assistance, retirement benefits, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **Maximizing the use of mainstream resources (System Performance Measure).** Please provide the proposed outcome percentage of participants who will be accessing at least one or more mainstream health, social, and employment programs (e.g., non-cash benefits could include housing subsidies not provided by the project, monthly food box distributions, government-paid cell phone, TANF Childcare services, WIC, Calfresh, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following narrative questions will be used to evaluate your proposed project’s adherence to HUD guidelines and priorities, please ensure you answer the question entirely for scoring purposes.*

6. **Housing First Approach and Coordinated Entry.** Please provide a narrative response on how your project’s design will adhere to the Housing First Model, utilizing Coordinated Entry as the sole referral source (e.g., not requiring criminal background screenings/mental health evaluations prior to entry, no sobriety requirements, no income requirements, does not mandate participation in services, leases do not have provisions not found in a standard lease, separation of case management and property management services, participant-driven services, etc.).

7. **Improving Assistance for LGBTQ+ Individuals**. As outlined within the CoC NOFO, CoCs should ensure privacy, respect, safety, and access regardless of gender identity or sexual orientation in projects. Please describe how your project plan will meet the needs of this population and how your agency’s anti-discrimination policy ensures equal access to this population (e.g., have your staff been trained on HUD’s Equal Access Rule, related training/policies in place or in development, employment opportunities, hiring practices, etc.). If your agency does not have an anti-discrimination policy in place, please provide a response on how your agency will develop one prior to the potential project award.

8. **Racial Equity.**

a. Has your organization reviewed data for racial and ethnic disparities in the provision of or the outcome of homeless assistance? If racial or ethnic disparities are present, has your organization worked to identify barriers faced by these populations that resulted in being less likely to receive assistance or receive a positive outcome (e.g., lack of outreach) and steps taken or will take steps to eliminate the identified barriers faced by these populations?

b. Please describe efforts made to address racial equity within your programs (including staffing and individuals served).

c. Please provide information on any training your staff has participated in surrounding Diversity, Equity, and Inclusion.

9. **Persons with lived Experience.**

a. Does your agency have a client advisory board, or do you have lived experience members on your advisory board? If you have a client advisory board, how often do they meet? What are their responsibilities? If you are in the process of developing one or plan on developing one for this project, please provide details.

b. How do you plan on obtaining and evaluating client feedback for the proposed project (will there be a form, monthly meetings, etc.)? How will that feedback be used to receive and improve service delivery?

c. How does the perspective of individuals with Lived Experience guide policymaking, process, and program development in your agency currently?

d. Does your agency provide employment opportunities for those with lived experience of homelessness and/or provide any type of training for staff without lived experience? Please provide a response.

10. **Project Narrative/Design.** This will be evaluated in the project application in e-snaps system. Please ensure the narrative is understandable; project design reflects the experience of applicant in working with proposed population; applicant understands client needs, type and scale, population being served, how clients are assisted in receiving mainstream benefits, performance measurement indicators for housing and income meet HEARTH benchmarks, plan to assist clients with rapidly obtaining permanent housing is clear and accessible. (No response is required in this form, e-snaps application will be reviewed for scoring this measure- section 3B. Project Description).

11. **Coordination with Housing Partners.** Does your project proposal include partnerships with housing providers that will commit to providing subsidies from sources other than ESG or CoC Program funding? If yes, please provide details (e.g., rental assistance, and housing vouchers).

12. **Coordination with Healthcare Partners.** Does your project proposal include partnerships with Healthcare providers that will commit to providing services to participants through sources of funds other than ESG/CoC? If yes, please provide details on what services will be provided and how often (e.g., in-kind service partnerships for physical, behavioral, and substance abuse services).

13. **Project Readiness**.

a. Timeline for project start-up. (No response is required in this form, e-snaps application will be reviewed for scoring this measure- Section 3B. Project Description # 2).

b. Please describe your plan to ensure your project proposal meets the timeline in your application to start serving participants. (Note, you are applying for funds for contract term 2024-2025, the timeline relates to start-up after the contract has been executed with HUD, if awarded).

14. **Budget.**

a. Budget is reasonable and meets threshold requirements for eligible expenses. Line item narratives document how CoC funds requested are essential to helping people become permanently housed. (No response is required in this form, e-snaps application will be reviewed for scoring this measure- Section- 6A-6J. Budget).

b. Required match of 25% (cash or in-kind) is adequate, from appropriate sources, and accurately calculated. Please confirm what source of funds will be used for the required match commitment of this project proposal. (Note, you are required to identify a match commitment, leveraged funding, for the total amount of award in the amount of 25%, excluding leasing dollars)

15. **Cost Effectiveness.** Calculated through E-Snaps submission (No response is required in this form, e-snaps application will be reviewed for scoring this measure- Section- 6J. Budget).

16. **Financial Audit and Health**. Please provide your agency’s most recent financial audit. If there are any particular items worth noting, please describe in this section (e.g., agency does not receive enough funding to be required to complete a full annual audit or any notes on particular findings in the submitted audit).

17. **Organizational capacity and experience/ Demonstrated Capacity to Manage CoC Program Awards.**

a. Please list any State, Federal or Local contracts your agency receives.

b. Narrative of your agency’s experience managing any State or Federal Awards. What policies and procedures are in place to ensure effective management of awards, spend down of funds, and maintaining agency institutional knowledge? (No response is required in this form, e-snaps application will be reviewed for scoring this measure- Section- 2B. Experience of Applicant, Subrecipient(s), and Other Partners).

18. **Local & Other HUD Priorities**

a. Does your agency collaborate with Justice partners (e.g., corrections officers, law enforcement, etc.) If yes, please describe the partnership and how these efforts, if any, help to reduce the criminalization of homelessness.

b. Does your agency currently have or plan to have an SSI/SSDI Outreach Access & Recovery (SOAR) benefits trained staff member? If you do not have or do not plan to train a staff to become SOAR certified, please provide a description on your plan to ensure program participants are connected to these benefits.

c. Is your agency on the Upstream Investment Portfolio (yes or no)? Does your agency use evidence-practices in the provision of services in your project(s)? Please list which practices will be used in the proposed project and training plan for staff.

d. Describe the plan for your project to ensure participants are screened for and will gain access to appropriate and relevant mainstream resources for which they may be eligible. Also, describe how your agency plans to provide access to training for staff related to accessing mainstream services (e.g., Medi-Cal, CalFresh, TANF, substance abuse programs, employment assistance, other non-cash benefit sources, etc.).

e. Will the proposed project promote and support volunteering, community engagement, and employment services among individuals experiencing homelessness or recently housed in the project. If yes, please describe the plan.

19. **HMIS data quality, timeliness and coverage.**

**Existing HMIS Providers:** Staff will calculate based on agency programs serving homeless in the HMIS. (No response needed). **For providers not currently using HMIS***:* Please provide a detailed description of how you currently track other program performance metrics. This includes but is not limited to participants served, measurable outcomes required by funder, reporting, identifying gaps or trends, etc.

**Required Attachments for Submission**

HUD’s New Project Application (submitted in the E-snaps system)

Applicant’s most recent fiscal audit, with accompanying management letter.

Materials from the most recent Board of Directors meeting (agenda, approved minutes, committee reports, and any other materials presented at the most recent meeting).

Organizational Chart

List of 3 funder references

Supplemental Questionnaire (current document)

Agency Non-discrimination Policy

Permanent Housing: Permanent Supportive Housing or Rapid Rehousing HUD Project Quality Threshold Requirements 2024 Form (for RRH project)

Joint Transitional and Permanent Housing- Rapid Rehousing HUD Project Quality Threshold Requirements 2024 Form (for Joint TH RRH)